TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See II	structions	On Reverse Si	de																	
		E (First, Mi, Las	st)							CAL	TRANS E	MPLOYEE I	D NUI	MBEF	C	ONTAC	r PHONE	NUMBER		
	Cempton	Mr.Kerngton													(9	16) 6:	54-5267	7		
	ON TITLE						J./M	.D.		1.00		T/UNIT (For	Chec	to Be	e Sent) AL	TERNA	TE PHON	NE NUMBER	3	
Direct						M				1,712,010	100				(9	16) 63	654-6130			
CLAIMA	ANT'S HOM	E ADDRESS										ERS ADDRE	SS						M.S.	
CITY					67	ATE		710 (CODE		0 N Str	eet							19	
CITT					131	AIE		ZIP (JULE	CIT							TATE	ZIP CODE		
(1) MON	ITH/YEAR		(0)					(5)	MEALS	Sac	ramento	(7)		PDANIS	SPORTATION	C	A	958		
Mar	ch 2009	LC	(3) OCATION	١		(4)	(4)		WILKES		(6)	(A)			2000	1	(D)	(8)	(9)	
(2) DATE	TIME		ere Expense			Longi		BREAK-		O.T., L/T.	INCIDEN-	COST OF	TYP		CARFARE TOLLS,		TE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE	
3		Sacramento	to Wash		on.	LODGI 250		FAST	LUNCH	DINNER		TRANS.	USE		PARKING	MILES AMOUNT		(Box 18)	FOR DAY	
	1130	DC			elim I	230	.70		10.00	18.00		8.00	R	boo					286.7	
4	2345	Washington Sacramento	, DC to					6.00	10.00	18.00	6.00		SC	P	27.00				67.0	
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											0.00	0.00			27.00				353.76	
		TRIP, REMARK									***				Cli	aim To	ital	\$	353.76	
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(12) NOF	RMAL WORK	HOURS	T.	so	URCE	CHG								AGCY						
	0800-	1700	CODE	DIST	UNIT	DIST	EXP	. AUTH.	SUBJOB	SPE	CIAL DESIG	SNATION	FA	OBJ.		AMOUNT		FY	MSA CODE	
(13) WO	RK SCHEDU		96年2	95	001	85	06	1010		1			7	021	0	220.5	0	00/00	210.76	
		г								-			7	021				08/09	318.76	
(14) PPI	M-	E LICENSE#		85	001	85	96	1010		-			7	001		\$27.00)	08/09	35.00	
(14) FR	THE VEHICL	L LIVEINGE #	1750																	
			1000																	
(15) MILE	EAGE RATE	CLAIMED								1										
	.58	5	100																	
HEREB	Y CERTIFY	that the above	line is a tr	ue st	atemer	nt of the	rave	el expense	es incurre	d by me i	n accorda	nce with DPA	rule	in th	e service o	f the Sta	ate of Cali	fornia.		
If a prival	tely owned	vehicle was used	d, and if m	ileag	e rates	exceed	the	minimum	rate, I ce	rtify that	the cost of	f operating th	e veh	icle w	as equal to	or grea	ater than t	he rate		
		ave met the requ	urements	as p	rescribe	ed by SA	M S	ections 0	750, 0751	, 0752, 0	753, and 0	754 pertainir	ng to	vehicl	e safety an	d seat b	elt usage.			
(10) CD	CHAIN A CAL	IONATORE																DATE		
(17) SIG	NATURE O	F OFFICER API	PROVING	TRA	VEL A	ND PAY	MFN	NT C				PP	INT	AME				DATE	0/2009	
		TO MILITARY I				- 101	e e e e e								alasubrai	manio	n	1980 00000		
(18) SIG	NATURE A	ND TITLE OF A	UTHORIT	YFO	R BUS	INESS E	XP	ENSES É	XCEEDIN	IG \$25.00)			AME	arasuur ar	maina	11	DATE	0/2009	
700000					me verterile.						EA .							DATE		

TRAVEL EXPENSE CLAIM

See Instructions On Reverse Side
CLAIMANT'S NAME (First, Mi, Last)

FA-0302 (REV 1/2008) Front CT #7541-0620-9

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CONTACT PHONE NUMBER

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CALTRANS EMPLOYEE ID NUMBER

	Cempton																	•	4-5267			
	ON TITLE						U./M.	D.		1			T/UNIT (Fo	r Che	ck t	o Be S			TE PHON	E NUMB	ER	
Direct						N	1				5/1						(9	16) 65	4-6130			
CLAIMA	NT'S HOM	E ADDRESS								- 1			RS ADDR	ESS							M,S.	
												0 N Stre	eet							49		
CITY					1	ATE		ZIP C	ODE	- 1	CITY								ATE	l i	P CODE	
					C	<u> </u>				S	Sacramento							C.	A		5814	
(1) MON Mar	TH/YEAR ch 2009	1.0	(3)			(4	.)	(5)	MEALS		-	(6)	(7)		TR		ORTATION	1	/D\	(8)	(9)	
(2)	011 2007	1	CATION e Expenses					BREAK-		О.Т., 1	μ τ.	INCIDEN-	(A) COST OF		B) (PE	CA	(C) RFARE		(D) E CAR USE	BUSINE: EXPENS		=
DATE	TIME		re Incurred		.,	LODG	SING	FAST	LUNCH	O.T., I OR DINN	ER.	TALS	TRANS.		SED	PA	OLLS, RKING	MILES	AMOUNT	(Box 18		
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(12) NO			T. CODE	<u> </u>	URCE	CHG DIST	EXP	, AUTH.	SUBJO	3 5	SPE	CIAL DESIG	SNATION	FA		GCY.		AMOUNT		FY	MSA COD	E
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(15) MIL	4FRR									_				-	-							
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If a priva	tely owned	f that the above I vehicle was used ave met the requ	i, and if m	iileag	e rates	excee	ed the	minimum	rate, I c	ertify t	hat	the cost o	of operating	the '	vehi	cle wa	as equal t	o or gre	eater than	the rate		
		ave met the requ SIGNATURE	GINGIRS	aσþ	. 030110	uu uy i	DOM:		,, 50, 075	1,010	ر , 0	, oo, and	^ı ∨→ heira	ıy	۷ ت.	- IICIE	Juicty di	io scal	our usays		ATE	
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TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

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See In:	structions	On Reverse Side)																	·		
		(First, Mi, Last)						*******		CAL	TRANS E	MPLOYE	ID N	IUMB	ER				NUMBER			
	empton																	4-5267				
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CITY					ST.	ATE	Z	IP C	ODE		CITY		***************************************			STATE			ZIP CODE			
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(2) DATE	TIME	Where	CATION Expenses Incurred			LODGING	BREA FAS		LUNCH	O.T., L/T. OR DINNER.	INCIDEN- TALS	(A) COST (TRANS)F T	(B) YPE ISED	CAF	(C) RFARE PRIVA OLLS, MILES RKING		(D) E CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)			
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If a privat	ely owned v	rehicle was used, eve met the requir	and if m	ileage	rates	exceed th	e minin	num	rate, i ce	rtify that	the cost o	f operatin	g the	vehic	le was	equal	to or grea	ater than t	he rate			
		GNALURE				-									************				DAT	=		
																				0/2009		
(17) SIG	NATURE O	F OFFICER APP	ROVING	TRA	VEL A	ND PAYN	ENI —						PRIN Srik			asubra	amania	n	03/3	E 0/2009		
(18) SIG	NATURE A	ND TITLE OF AU	THORIT	Y FO	R BUS	SINESS EX	PENSE	ES E	XCEEDII	NG \$25.00)		PRIN						DATE			

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

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Page	1	of	Ţ

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See I	nstructions	On Reverse Side	ė																			
CLAIM.	ANT'S NAM	(First, Mi, Last)						,			CALT	TRANS E	MPLOYE	E ID I	NUM	BER	CC	NTACT	PHONE	NUMBER	·	
Will	Kempton																(9	16) 65	4-5267			
POSIT	ON TITLE					B.1	J./M	.D.			NUM	ERIC DIS	T/UNIT (F	or Ch	eck t	o Be	Sent) AL	TERNA	TE PHON	E NUMBER	₹	
Direc	tor					M				ĺ	85/1	.00					(9	16) 65	654-6130			
CLAIM	ANT'S HOM	E ADDRESS							···············		HEAD	DQUART	RS ADD	RES	S					M.S.		
												0 N Stre	eet						49			
CITY					1	ATE		ZIP (CODE		CITY							ST	ZIP CODE			
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(2)		1	CATION Expenses					BREAK-		О.Т.	, L/T. DR	INCIDEN-	(A) COST (ر ا	(B) TYPE	CA	(C) RFARE		(D) E CAR USE	BUSINESS	TOTAL	
DATE	TIME		e Incurred			LODG	NG .	FAST	LUNCH	מום	NER.	TALS	TRANS		JSED	PA	OLLS, RKING	MILES	AMOUNT	(Box 18)	EXPENSE FOR DAY	
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(13) WO	RK SCHEDUL		7-9-12-30-12-30-2	85		85		1010	··········	-				7	-	10		\$20.35		08/09		
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	4FRR	570						····	····				····	+			:				~~~~	
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claimed,	and that I ha	ave met the requir	rements a	as pre	scribe	d by SA	M S	ections 0	750, 0751	, 075	52, 07	'53, and 0	754 perta	ining	to ve	hicle	safety an	d seat b	elt usage	DATE		
														~~~					APP-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	03/2	7/2009	
(17) SIG	NATURE O	F OFFICER AN PI	ROVING	TRAV	EL A	ND PAY	ME	TV							IT NA					DATE		
(18) SIG	NATURE A	ND TITLE OF AU	THORITY	/ FOF	RUS	NESS	ΥÞ	FNSES F	XCEEDIN	ic ¢	25.00		1		anti T NA		asubrai	maniai	<u> </u>	03/2 DATE	7/2009	
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